



NEW ACCOUNT & CREDIT APPLICATION FORM

CUSTOMER INFORMATION

Company Information:

Name:

Address:

City, State, Zip:

Accounting Contact Information:

Contact Name:

Phone:

Fax:

Email:

Type of Organization: (mark one)

- Corporation
- LLC
- Partnership
- Sole Proprietorship

Liquor Permit Information:

Permit Number:

Expiration Date:

Physical Location:

DBA Name:

Address:

City, State, Zip:

Contact Name:

Phone:

Fax:

Email:

Establishment Type:

Example: Convenience, Package, Bar, Restaurant, etc.

General Information:

Retail Merchant Certificate Account Number:

Accept COD Delivery (Y/N):

Require a PO# (Y/N):

Number of Locations:

(for multiple locations, please attach a separate sheet and provide address, contact name and phone number for each)

Mailing Information:

Address:

City, State, Zip:

TERMS & CONDITIONS OF SALE

Customer warrants that they hold a valid Retail Merchant Certificate Account with the State of Indiana. Purchases from Tiedemann Wines are for resale and are not subject to state sales tax. There will be a \$50.00 fee charged for any check returned for non-sufficient funds (NSF).

TRADE REFERENCES (please provide three (3), other than liquor vendors)

Name	Address	City, State Zip	Phone Number

PAYMENT TERMS & CREDIT APPLICATION

Under Indiana State Law, all accounts are due in full within fifteen (15) days of delivery of wine. Tiedemann Wines is authorized to make credit inquiries if it deems necessary.

ACCEPTED BY:
(authorized Officer or Agent of Business)

Signature:

Date:

Printed Name:

Title:

Remit to: Tiedemann Wines
 Attn: Gary Slabaugh
 421 S. Second Street, 5th Floor
 Elkhart, IN 46516
 574.296.1325 direct
 574.293.4416 fax
 garys@thetiedemanngroup.com